

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
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ADMINISTRATION OF CREOSOTE CARBONATE.—In order to overcome the difficulty encountered by some patients in taking creosote, J. J. Stoll, of Chicago, recommends that it be prescribed in the form of an emulsion, as follows:

R. Creosoti carb.	3 <i>ii</i>	8
Ext. malti	3 <i>iv</i>	15
Glycerini q. s. ad	3 <i>iii</i>	90
M. Flat emulsio. Sig.: One teaspoonful after each meal.		

THE TREATMENT OF EPILEPTICS.—The *Medical Record*, quoting from a paper in the *Lancet*, says: "F. Beach believes in the 'home treatment' of epilepsy. The patient should lead a quiet life, free from excitement, and should be subjected to cold baths or cold sponging daily. Out-door exercise and a moderate degree of mental work are necessary, and care should be taken to place the patient in such circumstances as will promote his welfare and recovery. It is necessary that he should be careful, prudent, and temperate in all things. Children who are the offspring of a neurotic family require to be brought up carefully, and later should be put into some occupation in which they will be free from excitement and worry, in which the work is light and the hours of employment are not long. As to drugs, he gives the bromides in large doses, favoring the combination of ammonium, sodium, and potassium. If for any reason but one salt is used, the ammonium salt is to be preferred. It may be combined with antipyrin, and the combination seems especially useful in lessening the number of attacks when a bromide dose alone has failed to effect this result. During this time iron tonics and cod-liver oil should be employed for the maintenance of nutrition, and occasionally it is well to give a high rectal saline enema. The colony system of housing epileptics is highly commended."

THE "DRY MEAL" THEORY.—Dr. J. W. Carhart (in the *Texas Courier-Record of Medicine*) says that from time immemorial, so far as he knows, the dogmatic teaching has been that fluids taken with meals are injurious. The less taken at such times, therefore, the better. This dietetic dogma, in his opinion, has its basis in theory only. The sole appeal to fact for its support that he has ever known has been to the habits of wild and domestic animals. But wild animals drink while feeding where they have opportunity,—which is not frequent,—and where they have not they generally drink as soon thereafter as they can conveniently reach a watering-place. Domestic animals are too generally excluded from the water-trough or cooling stream while feeding. If left to themselves and amply provided for, they will frequently drink while eating. To fatten well, they must be allowed their liberty in this respect.

If Nature is to serve as a guide, her most thundering declarations are against

dry meals. Who, says Dr. Carhart, when eating heartily has not experienced an overpowering, uncontrollable thirst? It was not a still, small voice in the depths of the dietetic regions, to be easily hushed, but the tremendous outcry of Nature for a refreshing beverage, which nothing but water—pure, sparkling, fresh, and cool—can silence.

If a properly constructed thermometer is passed into an empty stomach, and again after the liberal ingestion of food, the reading will show a considerable rise of temperature immediately after partaking of a hearty, dry meal. An empty stomach is quiescent. On the ingestion of food activity begins, and activity increases temperature. This develops thirst, which may become so intolerable as to be positively painful, actually interfering with digestion and rendering progress in the meal fairly impossible. Every horseman knows that a thirsty horse will frequently refuse his feed until he has slaked his thirst.

ARTIFICIAL RESPIRATION IN CARBOLIC-ACID POISONING.—Walter S. Cornell reports a case in *American Medicine* in which the quantity of acid taken was between two fluid drams and two fluid ounces. The stomach-tube was inserted and the stomach thoroughly washed out with two quarts of water, containing eight ounces of epsom salts and four ounces of sodium bicarbonate. A hypodermic of one-fortieth of a grain of strychnia and one-sixtieth of a grain of atropine was given. The heart-beat was not palpable and there was no radial pulse. A running, soft, carotid pulse of 110 could just be felt. There was absence of respiratory movement. Whiskey was given hypodermically and by rectum. Artificial respiration was instituted, and at the end of thirty minutes the patient made a single, weak inspiratory effort. A little later he was breathing feebly but regularly.

A TYPHOID-FEVER SERUM.—The *Medical Record* states that Dr. Allan Macfadyean, of the Jenner Institute of Preventive Medicine, claims to have elaborated an efficient prophylactic and curative serum for typhoid fever. It is prepared by injecting into animals a product obtained by crushing typhoid bacilli in liquid air. The intense cold of liquid air does not destroy the toxin, but renders the bacilli so exceedingly brittle that it is comparatively easy to break them up by saturation. The serum obtained by repeated injections of these crushed bacilli is both antitoxic and bacteriolytic, and is curative as well as protective.

THE CURE OF BOILS.—A. K. Bond (*Louisville Monthly Journal of Medicine and Surgery*) says that the first thing to do is to quarantine the existing boils, so that no more pus may be carried from them by the fingers, or in any other way, to other parts of the feeble skin. To this end antiseptic dressing is necessary. If the core of the boil is loose, it should be removed by dressing-forceps. Cleansing the wound-hole with hydrogen peroxide and dressing with calomel and bismuth will probably secure as quick healing as in any other wound. If the core of the boil is not loose, cut it out with knife and scissors. The core itself is insensitive. When, however, bacteria foci are bound by dense fibrous tissue or wherever pus is shut in, the adjacent healthy tissues will be extremely sensitive. The application of pure carbolic acid on an applicator in advance of the knife or scissors will usually anæsthetize the wound sufficiently to permit of thorough work. Hydrogen peroxide is a great aid to the cleansing, but takes much time. Suppuration will not cease till all infected tissues have been removed. As pure carbolic acid favors suppuration, the last traces of necrotic fibrous tissues in the

depths of a deep excavation may better be removed by dressings of pure alcohol. It gives severe pain on the first touches to the wound, but then anæsthetizes the parts it has touched. Fibrous sloughs seem to clear away under it more quickly than under carbolic acid. A plug of gauze soaked in alcohol may be left in the wound. The top dressing should be of cotton, to keep the sick tissues at even warmth, and slight pressure to support the tissues is helpful.

EXCESSIVE PERSPIRATION.—The following powder containing salicylic acid is recommended to relieve excessive sweating of any part of the body:

R. Pulv. acidi salicylici	3 <i>ii</i>	8
Pulv. zinci carb. precip.	3 <i>ii</i>	8
Pulv. magnesii ustae	3 <i>iii</i>	12
Pulv. amyli	3 <i>iiii</i>	75
M. Sig.: Apply as a dusting powder.		

THE USE OF SALICYLIC ACID AS A PRESERVATIVE IN FOOD.—C. J. Macalister and T. R. Bradshaw in an article in the *Lancet* claim that the use of salicylic acid as a food preservative is perfectly proper, and that the popular hue-and-ery against it is without justification. They challenge the opponents of its use to bring forward a single instance in which it can be shown that bodily injury has resulted from its employment in such a manner, and they deny that in the proportion in which they have met with it in articles submitted to them for examination it could be taken by any rational beings to such an extent as to do them any harm whatever. They further maintain that the use of this substance enables manufacturers to place on the market wholesome, agreeable, and inexpensive articles of food which form an acceptable and beneficial variety in the diet of persons who cannot afford more costly luxuries, and which, above all, supply the place of intoxicating drinks. They take this position after mature consideration, and with, they assert, an adequate sense of responsibility.

SMALLPOX AND VACCINATION.—Dr. Henry Barnes in his presidential address at the sixty-fourth annual meeting of the British Medical Association said: “The mortality from smallpox at the end of the last [eighteenth] century was extraordinary. It accounted for nearly one out of every seven deaths in Carlisle. Now [1896] the disease is almost entirely unknown. During the last twenty years, out of fifteen thousand six hundred and sixty-four deaths registered in Carlisle, only four were due to smallpox, or one in three thousand nine hundred and sixteen.”

COLD A GERM DISEASE.—Walsh in the *Medical News* says a very striking indication that cold is due to microbic invasion is to be found in the fact that the process is nearly always accompanied by fever. This is due to an absorption of toxic materials into the circulation which disturb the heat-regulating mechanism. A distinct period of incubation can be traced, and the efficient cause of the illness is commonly farther off than the patient imagines. The treatment advised when fever and chilliness occur is the use of calomel and hot drinks, especially cream-of-tartar lemonade, which acts as a diuretic as well as a laxative. A diaphoretic at the beginning of the affection will always give the patient comfort and may unload the system of enough depressed toxic material to enable it to react and bring about the abortion of a cold.